KYCASE/KYCEC SPRING INSTITUTE
"Whatever It Takes To Close the Gap"

March 2-4, 2006

Galt House Hotel   Louisville, Kentucky
Hotel Reservations: 800-THE-GALT
Parking at the Galt House is $9/day for hotel guests AND for those just attending the conference.
Rooms available for $99.00 – mention KY-CEC when making reservations.

Registration for all 3 days begins 30 minutes before the meeting time.
Registration location for all sessions: Jones Room, Galt House East, Third level – map attached

March 2 / 2:00-5:00 pm – **Director of Special Education Institute** – No charge for CASE members! Please note: DoSE Institute will be offered 3 times a year, please check www.kycec.org and click on *CASE NEWS* for specific details.
Note: Non-member registration fee will activate your membership in KYCASE.

March 3 / 8:30-4:00 - **Professional Learning Communities – Whatever it Takes - PETER NOONAN presenting the work of Rick and Rebecca Dufour** – PLUS KDE Update (begins at 8:30 am), KYCASE Business Meeting, Executive Board Election, and Luncheon

March 4 / 8:30-4:00 - **Research-Based Instructional Strategies Sessions in Reading, Mathematics, and Complex Needs** (see below for selection) - PLUS KYCEC Business Meeting, KYCEC Awards Luncheon, and Executive Board Election

EILA Leadership – 6 hours credit for attendance BOTH March 3 and 4 (3 hrs for one day)
Emergency/Probationary Teachers – 6 hours credit available for attendance.

Registration Form

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

School / District / Agency _____

Registration Fees	Members	Non-Members	Total
DoSE Institute March 2	**FREE**	**$162.00**	**$_____**
CASE Day, Friday March 3	**$80.00**(Retired&Students - $65)	**$105.00**	**$_____**
CEC Day, Saturday March 4	**$80.00**(Retired&Students - $65)	**$90.00**	**$_____**

🍽 **Luncheon included in cost of Registration for March 3 and/or 4**

March 3 AND 4	**$130.00**	**$150.00**	**$_____**
TOTAL for this registration			**$_____**

Preferred session for March 4   ___**Reading**   ___**Mathematics**   ___**Complex Needs**

CEC Membership # _____ Special Accommodations (specify): _____

Make checks payable to: KYCEC-Conference Coordination OR KYCEC-CC **(NO POs)**
Mail registration form **AND** check to: KYCEC-CC, PO Box 76091, Highland Heights, KY   41076-0091
If you wish to confirm your registration, please email – **KYCECCC@gmail.com**